

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXVI.

THURSDAY, APRIL 17, 1862.

No. 11.

HÆMARALOPIA.

[Translated from M. Saurel's "Traité de la Chirurgie Navale," by THOMAS WELSH, M.D., Acting Assistant Surgeon U. S. Navy.]

HÆMARALOPIA is a neurosis of vision, in which the eyes enjoy the faculty of seeing while the sun is above the horizon, and cease to distinguish objects so soon as it sets. Although this disease is not exclusively confined to sailors, its frequency on board vessels, stationed in warm latitudes, makes it to a certain degree peculiar to them.

The causes of hæmaralopia are numerous; all that has been said in another place upon the influence which a sea life exerts upon the organ of vision, applies especially to this disease. Many theories, however, have been advanced to explain its production. Some attribute it to the excessive humidity of the nights, succeeding to the heat of days, in warm countries; others to the general debility of the system, produced by a bad or insufficient diet, and by a prolonged residence in the midst of abundant moisture; while others attribute it, not without reason, to the habit of sleeping on the decks of vessels. But the opinion which is the most general and probable is, that the disease is attributable to the influence which reflected light exercises upon the sensibility of the retina; the other causes assigned to it being predisposing.

Before going further, it must be asked, what are the etiological relations existing between scurvy and hæmaralopia? Many surgeons of the navy, having observed that these two diseases are very frequently met with in the same conditions, and that they are sometimes developed simultaneously, have concluded that there not only exists a common origin, but also an identity of nature, hæmaralopia being a symptom of the scorbutic affection. This view of the subject has not generally been admitted, and indeed it is not acceptable, if proposed in an absolute manner. But the fact of co-existence of scurvy and hæmaralopia in certain circumstances cannot be doubted. A very remarkable instance of it is found in the thesis of M. Gué-

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mar, who made his observations on board the frigate *Alcestis* during a cruise in the Pacific Ocean. The causes which generally produce scurvy were all present when this disease appeared; and among these causes he notices particularly a long residence at sea, an innutritious diet continued for a long time, a cold and damp condition of the atmosphere, and a massing of men. Two hundred and fifty of the crew were affected with scurvy, and seventy-five with hæmaralopia. In making an analysis of these seventy-five cases, it is remarked—

1st. That all presented incontestable symptoms of scurvy; some having been seriously affected.

2dly. That men having gray or blue eyes were alone affected, except in one instance.

3dly. That persons of lymphatic, chlorotic temperament, and soft muscles, with blond or chestnut hair, were greatly in the majority.

Persons of all ages were affected, but the more numerous cases were among young men. Generally, hæmaralopia presented itself in the most simple manner, but with different varieties. There are some cases, however, which deserve to be noticed. A patient was afflicted with complete blindness in the night, and almost complete during the day. Some lost the visual power of part of the retina. Thus, some saw very well objects placed above their heads, such as hammock hooks, and could distinguish nothing either in front, or very near. With others, it was the reverse. In others, finally, the lateral parts of the retina lost or preserved the faculty of seeing. Many "hæmaralopes" have never completely recovered their sight. During their sojourn in port, when the diet was changed, vision came back; but when they went out to sea again, and resumed the use of salt provisions, the disease returned after a few days. Most methods of treatment proved insufficient, when they had been employed once or many times.

The synopsis we have of the observations of M. Guémar proves, without doubt, that there is a variety of hæmaralopia which ought to be called scorbutic, because it is symptomatic or congeneric of scurvy.

Hæmaralopia commences sometimes in a sudden manner. At the moment of the setting of the sun, the patient perceives that his vision is diminished, and when night comes on he finds himself completely blind. Most frequently, the disease is established gradually. Artificial light is sometimes sufficiently noticed, while in other cases it is scarcely perceived. It is the same with the light of the moon and stars, which most generally produces no effect. Whatever may be the cause of it, the symptoms of blindness disappear in the day, to return at night. Photophobia supervenes, and the patient becomes blind; his sight becomes more and more weakened, and if the affection is neglected or badly treated, it degenerates into an incurable amaurosis. The eyes of hæmaralopes do not generally lose their natural appearance. The pupils, dilated during the day, are more so at night; they contract more slowly than in the natural state, and

sometimes not at all. In others they remain contracted, and exhibit a painful sensibility of the retina, when they are exposed to a strong light. The direct or reflected action of solar rays is also painful, and accompanied with momentary blindness. The ocular conjunctiva is sometimes slightly injected, but most frequently it undergoes no other alteration.

Hæmaralopia is sometimes complicated with gastric or intestinal disturbance, or congestion of the brain. Its duration, when left to itself, varies from several days to many months. The prognosis is favorable, when it is properly treated. It frequently returns when once developed. Independently of its peculiar danger, those affected with it are exposed to different accidents, such as contusions, falls through the hatches, or, as more often happens, upon deck or into the water. Those who are affected with it ought to be carefully watched.

As M. Fonssagrives remarks, true hæmaralopia must be distinguished from that which is feigned. This affection is well known to sailors, who attribute it also to the influence of the moon, and often try to simulate it, either to shirk duty, or as a pretext to be sent home. The bogus hæmaralope will readily confirm the discordant symptoms which he will be interrogated about, but the permanent dilatation of the pupil, the only subjective symptom of this incomplete blindness, will furnish almost always a sufficient guide to detect the imposture.

Among the numerous methods of treatment recommended for this affection, there are very few which have any real efficiency. If symptoms of gastric disturbance present themselves, an emetic is indicated; if there is constipation, purgatives. If there is prostration and anæmia, tonics and the preparations of iron. If there is complication with scurvy, the measures proper to attack the latter should be tried. Bloodletting is generally contra-indicated; however, if there is at the same time excessive sensibility of the retina, or symptoms of ocular or cerebral congestion, it would be well to apply leeches to the margin of the anus or behind the ears. Lotions with cold water, repeated two or three times a day, or exposing the eyes to vapors of ether, are measures which can be used without inconvenience. It is the same with a singular mode of treatment, known for a long time, and which consists in submitting the diseased eyes to the influence of the vapors of an ox liver boiled in water. M. Maissonneuve says he has seen it applied very successfully by M. Fonssagrives, on a patient on board the "*El Dorado*." M. Fleury says he derived no advantage from it in the epidemic on board the "*Dido*."

But the most efficient treatment, and without which all other is useless, is to withdraw the patient from the influence of causes which have produced the disease. A prolonged residence between decks or in the hospital, combined with covering the eyes with a bandage, have been sufficient to cure cases of hæmaralopia which had resist-

ed different methods of treatment. M. Cohen has cited a case of this kind, and M. Lastrilles reported three others, where the credit of the cure was due exclusively to this management. Whatever may be the means employed, the patient would do well, to prevent relapses, to wear a green or blue shade over the eyes. If hæmeralopia has a constant tendency to return, permission must be obtained to attach the patient, for a time at least, to the internal service of the vessel.

EPILEPTIFORM CONVULSIONS IN A PREGNANT WOMAN, APPARENTLY CORRESPONDING WITH THE STRANGLING OF THE FÆTUS AND CONSEQUENT DISTURBANCE OF CIRCULATION OF MOTHER, &c. &c.

[Reported by HENRY A. MARTIN, M.D., of Roxbury, and communicated to the Boston Society for Medical Improvement.]

Mrs. D., aged 27, of middle stature and fair complexion, last menstruated at end of May, 1861. On the 6th of January of the present year, while sitting before the fire, was seized with a convulsion, during which, according to the narrative of the family, the limbs were violently agitated. Dr. Flint, of Roxbury, was summoned, but before his arrival the patient was again conscious, and apparently in her ordinary condition. Later on the same evening, she was again seized in the same manner as before, and the Dr. sent for. On his reaching the patient, sufficient evidence existed, in her condition, of the grave character of the case; an emetic (the patient having supped heartily) and a powerful cathartic were ordered. Both operated fully and with favorable effect, for no more convulsions occurred till the evening of the 11th of January, when Dr. Flint, being again sent for, found her laboring under a violent epileptiform convulsion, with tendency to coma. The treatment—purgatives and counter-irritation—failed to prevent a frequent recurrence of the attacks through the night; towards morning the convulsions ceased, and were followed by comatose sleep, which continued for several hours. Dr. Flint continued his attendance for several days, during which, although the patient's condition seemed to threaten it, no recurrence of the convulsions occurred, nor was anything heard from the patient till the first of the present month (March), when Dr. Flint was called on to attend her in labor; attendance on another case prevented his responding to the call, and I was summoned to her aid. I found that she had been in labor for several hours; that for about an hour the pains had been quite frequent and severe. On examination, I found, protruding from the vulva, what, at first, seemed the bag of membranes, but on further investigation proved to be a large loose scalp, containing a quantity of fluid, within which could, between the pains, be felt the cranial bones, partially detached, but still adherent to the pericranium by their lower surfaces; these bones, particularly the parietals, were forcibly pressed, with each

expulsive act of the uterus, against the soft parts of the mother, and notwithstanding the intervening scalp, produced in this way very exquisite suffering. I broke open the scalp, allowed its fluid contents, which were of a most foetid character, to escape, grasped the flaccid mass, and, pressing the bones inward, drew the foetus away, although with considerable difficulty. The funis was found to be wound twice, most firmly, around the neck of the child; and it was evident from the manner in which the epidermis had been removed from the parts beneath the stricture, that this condition of things was not recent, but of long continuance. I removed the foetus, with the funis and placenta, without in any way disturbing the relation of the cord to the neck. The placenta I found to present the appearance to which the term "tubercular" has been, somewhat loosely, applied. The offensive odor of the fluid contents of the head, and also that of the rest of the body, together with the degree of exfoliation of the epidermis, indicated that death must have occurred at about the time of the mother's first convulsive seizure (between seven and eight weeks before).

I have presented the foetus, &c., together with this narrative, to the notice of the Society, because it seemed to me that the possible connection of the strangling of the child, and consequent sudden disturbance of the maternal circulation from the entire cessation of that between the mother and child, with the convulsive seizures, and perhaps, also, with the condition of the placenta, presented many and interesting subjects for thought, and not by any means devoid of practical interest and value. I refrain from speculating on the matter, simply offering the specimen and the preceding narrative.

Roxbury, March 10th, 1862.

HENRY A. MARTIN.

[The above case was read by Dr. Jackson, and the foetus shown, with the cord wound twice tightly round the neck, as at the time of birth; also the diseased placenta.]

THE OPHTHALMOSCOPE—A REVIEW OF WHAT HAS ALREADY
APPEARED IN ENGLISH UPON IT.

By B. JOY JEFFRIES, M.D.

[Concluded from page 191.]

It will perhaps be asked, has nothing appeared upon this side of the water on the ophthalmoscope? In some of our journals there have been occasionally valuable papers—mostly, however, calling attention to it and its results. We wish this had been all. We regret to say that something further has appeared, with regard to which our terms must be different from those employed in reference to the English books on this subject.

At the 11th annual meeting of the American Medical Association, held at Washington in May, 1858, the Prize Committee awarded a

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At the 11th annual meeting of the American Medical Association, held at Washington in May, 1858, the Prize Committee awarded a

prize of \$100.00 to Dr. Pallen, of St. Louis, for an essay upon "Vision and some of its anomalies as revealed by the Ophthalmoscope." This is published in the 11th volume of the Transactions of the Association, and is therefore to go abroad as endorsed by the Association, and through it by the profession in general. Against this, as a member of the Association, we would strongly protest. To show that we are not alone in this, we quote the following from the April number of the *American Journal of the Medical Sciences*, 1859. It is in a review of the American Medical Association's Transactions, signed, "E. H." "There is nothing in the rudimentary account of the anatomy and physiology of the eye, with its diagrams and zoological introduction, which prefaces the somewhat more elaborate sketch of what is known of color blindness and some other anomalies of vision, or even in all this together, that need have led the prize committee to mistake a praiseworthy exposition for an original production, or even a professor's *thèse de concours*." "We are at a loss, therefore, to comprehend the rationale of the process by which they reached a conclusion which must compromise the Association with all readers at home and abroad, who know anything of the progress of the science of ophthalmology in the last five years. Happily the number of those who are thus informed in this country is by no means small; and enough has been done by American writers on the ophthalmoscope to redeem the profession of the country from the mortifying imputation to which the hasty action of the prize committee has subjected our national congress."

We should have supposed that such a criticism would have prevented any further communications; but in the 13th Vol. of the Transactions, 1860, we find a "Report on the various Surgical Operations for the relief of Defective Vision," by Dr. Pallen. This has called forth the following remarks from "D. F. C." in the January number of the *American Journal of the Medical Sciences*. "The paper of Dr. Pallen is not such a one as we should have expected to find among the transactions of a body which, like the American Medical Association, professes to represent the talent, and to wield the influence of the medical profession of our country for the elevation of the character and for the enlargement of the attainments of its members. The paper under consideration cannot present the slightest claim to originality. It is simply a compilation of the leading facts and deductions furnished by standard authorities on the subjects treated of, not, upon the whole, very well arranged, nor couched, always, in the most accurate language. It contains no important facts drawn from the personal observations of the author; nothing, in fact, which is not far better set forth in the leading authoritative works on ophthalmology, with which our libraries are so abundantly supplied. Dr. Pallen proposes, he tells us, to complete, in a future communication, the history of the several defects of vision not yet treated of by him. If the promised communication is to be of the same character as the one under consideration,

we trust that it may not be ordered for publication. It is high time that the printed transactions of our national medical congress should be protected from the insertion of mere compilations on any subject—of communications destitute of originality in respect to the facts they comprise, or to the deductions which the author bases on such facts."

This we must certainly endorse, and would call the attention of those having charge of the next publication, to it.

Now as to the prize essay on the ophthalmoscope. It occupies seventy pages of the Transactions. The first *half* of this is not at all concerned with the ophthalmoscope, and for that reason we pass it over. We cannot, however, forbear mentioning that the engraving, fig. 5, p. 881, representing a section of the human eye, is most unpardonably incorrect, and illustrates an equally unpardonable misstatement, namely: "The faculty of the eye to accommodate itself to distances is physically owing to the displacement of the crystalline lens through the action of the ciliary muscle (tensor ciliaris), and the erectile tissue of the ciliary processes." Should this meet the eye of Helmholtz or Donders, as in a prize essay of the American Medical Association in 1858, they might well say of their labors, "*cui bono*."

The theory and optics of the ophthalmoscope are passed over altogether too cursorily; and certainly one unacquainted with the subject could not agree with the author that "the *modus operandi* of this *eye-speculum* is readily understood by referring to the annexed figure," figure 8, p. 900. There is no explanation or indication of the two different methods of examination with the "upright" and the "inverted image." The author says he "prefers and uses Desmarres's instrument, on account of its simplicity." That is, he employs the "inverted image," and seems to be practically unacquainted with those instruments best intended for the "upright image," for he says, "Jäger's ophthalmoscope is said by many to be the most complete yet devised, but its complications are such that when Desmarres's can possibly be used it is by far the more preferable." We pass over the compiled account of the normal and pathological ophthalmoscopic appearances, and come to the representations of the same contained in eleven colored figures, of which the *American Medical Journal* reviewer says: "Perhaps, since there are no marks of original investigation, no statistics, no records of observation or experiment, nothing, in short, but the literary and critical, if not practical, merit which should characterize every paper admitted into the published *Transactions*, the hearts of our respected umpires were won, or their own visions confused, by the imposing array of illustrations which are appended to this essay. Here, however, the committee is again unfortunate, inasmuch as the pictures, although excellent in themselves, are nearly all 'verified and colored' copies from Jäger, and present faces which had already become

familiar to the student as well as the practitioner in many parts of the United States, to say nothing of British and continental readers."

Now all but *three* of these figures are taken from Prof. Ed. von Jäger's pamphlet, entitled "*Staar und Staaroperationen*," Vienna, 1854. Von Jäger's are simply coarse engravings, *not colored*, and only intended to give the outlines of the nerve entrance, vessels, &c. Prof. Jäger expressed regret that they were ever published. He afterwards, in 1855, published his magnificent colored engravings, entitled "*Beiträge zur Pathologie des Auges*." It was from these Mr. Hulke copied some of his beautiful plates. We cannot understand why Dr. Pallen did not do the same. "His outlines are moderately accurate, although not *carefully* copied from Prof. Jäger's. The *coloring* of these plates, however, we cannot possibly comprehend. It is original with the author, who says: "It should be borne in mind that none of the figures are colored by Jäger, and the writer reproduces them almost as an entire series. Also it should be remembered that the coloring has not been altogether in accordance with Jäger's descriptions." Will Dr. Pallen pretend to say that he ever saw such as appears in the Transactions, in the human eye? Did the prize committee? How could the publishing committee allow such plates to be placed in the Transactions, if they had ever seen the bottom of the human eye through the ophthalmoscope? Fig. 1 is a "normal eye as presented through Desmarres's ophthalmoscope. The subject from whom the figure was drawn is a brunette of a marked type." On page 906, speaking of the choroidal pigment, the author says: "And so it varies in blonde and brunette; the one having blue eyes, fair hair and complexion, has less pigmentum; the other, with a flashing eye, sparkling like the meteor of an August night, with hair as the raven's wing, and face as the olive's hue, possesses a choroid strongly charged with pigmentum." We must still think this would not account for the extraordinary coloring of figure 1.

Fig. 2 is from Jäger. Dr. Pallen says: "The spot whence spring the artery and vein is covered by an exudation plasma." Jäger states nothing of this kind; in fact, the appearance is simply caused by the mode of entrance of the vessels.

Fig. 3 from Jäger, who only stated what he saw. Dr. Pallen adds most original coloring and explanation.

Fig. 4 from Jäger, who says the retina appeared darker red than usual. There is certainly no indication of it in this plate.

Fig. 5 from Jäger. The color is wrongly placed. The pigment round the optic nerve entrance is familiar and normal, and has no such meaning as is attributed to it. Figs. 6, 7, 8, are also from Jäger, with most original coloring.

Fig. 9 from Jäger. This, in the original, is a case of glaucoma, with bluish tinge and "cupping" of the optic nerve. "The writer gives the figure, and *colors* it to represent as nearly as possible the

appearance of the fundus of the membrane of envelope surrounding a cysticercus of the papilla." A good deal has been done with color, but hardly this. Moreover, Dr. Pallen says he saw a case in Graefe's clinique at Berlin. In the first volume, first part of Graefe's *Archiv für Ophthalmologie*, cases are reported of cysticercus on the retina and two excellent colored prints of the appearance of the worm as seen through the ophthalmoscope. In the second part, also, of the same volume, is a case reported by Dr. Liebreich of a cysticercus on the retina, and a good colored print of the worm as seen through the ophthalmoscope. These were published in 1855. Why could not Dr. Pallen have copied from them? Any one perfectly acquainted with the subject would, upon comparison, be at once struck with the extraordinary want of truthfulness of the author's representation.

Finally, we are afraid "Albumen in the Urine" would never be diagnosticated from Fig. 10, or "Hyperæmia papillæ et retinæ" from Fig. 11. Jäger's rough sketches are made with the "erect image"; this Dr. Pallen does not mention, and, in fact, nowhere seems to recognize the difference or existence of the two methods.

It is in no spirit of unkindness that we have written the above. There is certainly great blame resting somewhere, that our Association should be subjected to the remarks and the opinions which the publication of such an essay and such plates have called forth. We hope a similar circumstance will not occur again, and we have spoken of it so fully and in such terms because it was the first lengthy piece on this subject that has appeared in our country, and was accompanied with attempts at exhibiting ophthalmoscopic appearances. Some apology we also felt was due our medical friends and brethren on the other side of the Atlantic, who have been thus unfortunately misrepresented and ignored.

March 31st, 1862.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

FEB. 24th.—*Foramen through the Olecranon Fossa of the North American Indians.*—Dr. JACKSON showed one humerus and parts of four others, in four of which five specimens there existed a large foramen. They were sent to Dr. H. G. Clark by Dr. P. A. O'Connell, his former pupil and now a Surgeon in the U. S. Army. While the regiment to which Dr. O'C. was attached was encamped, last June, upon Long Island, in Boston harbor, the bones, which, it may be taken for granted, were of Indian origin, were disinterred; and the following account of them was sent to Dr. C. by Dr. O'C. :—

"They were discovered by some of the men, while digging a trench about ten feet from the edge of the bank which overhangs the sea-shore, fronting towards Fort Warren. The remains of eight or ten

persons were found within an area of not more than eight feet by eight; and an extension of the excavations might perhaps show the existence of others. Those that were uncovered lay but little more than one foot beneath the surface of the earth. Broken clam-shells were found in abundance in the earth which covered them, which itself was a black and good soil, while just beneath them the soil was clayey. No vestiges of clothing, no trinkets, nor anything else of the kind which might point directly to their origin, were discovered; but they appeared to have been laid out in two rows. Those which, from their general appearance, I concluded to be the skeletons of males, lay upon their backs, the head turned to one side and resting on one hand, while the other arm lay across the breast, the hand resting upon the opposite shoulder. The legs were drawn up, upon the abdomen. The female skeletons, as I supposed them to be, lay altogether upon their sides; heads towards the west, facing the South; and knees drawn up as in the others. In one instance the bones of an infant, apparently but a few months old, were found lying upon the breast of one of the larger skeletons."

In a note recently received from Dr. O'C. he says:—

"At the time of the discovery of these remains I examined the humeri with especial reference to the point about which you inquire, and of the eight or ten specimens which I examined there was but one, I believe, in which the olecranon fossa was imperforate. That one was preserved and sent with the others merely because it was exceptional."

Dr. J. then showed the two humeri of a Flat-head Indian, from the Northwest Coast, in which the fossa was largely perforated; and he referred to a collection of Indian bones, from the state of Maine, in which, of three humeri, one is perforated. Both of these specimens are in the Cabinet of the Medical College.

Dr. J. said that about twenty-five years ago Dr. Charles T. Jackson noticed the perforation of the olecranon fossa in an Indian skeleton that was dug up in the immediate vicinity of Boston, and, some years afterwards, in another from the State of Maine; and these facts having been made public at the time by him, have since been well known here.

Dr. JEFFRIES WYMAN said that long after Dr. C. T. J.'s observation, several Indian skeletons were dug up in this vicinity, and in the same township in which Dr. J.'s specimen was found; and in some of them the fossa was perforated. He also stated that in the year 1853 he examined, at the Garden of Plants, in Paris, the skeletons of seven full-blooded negroes, and of the fourteen humeri the fossa was perforated in seven; in three individuals the perforation existed in both humeri, and in one it was upon one side only. Dr. W. said that no comment was made upon the fact; and that Professor Owen, to whom he subsequently mentioned it, seemed not to have had his attention directed to it.

MARCH 10th.—*Horn growing from the Chin.*—Dr. H. J. BIGELOW showed the specimen, which was removed from a patient by Dr. Clark, and gave the following description of it.

The growth is a blunt cone, two inches long, by an inch and a half at the base, and split into two parts, with a third smaller division at the root. It is roughly striated, lengthwise, hard at the point, and softer at its insertion, emitting also the fœtor of epidermic secretion.

On section, a limited, epidermic, columnar structure is seen sprouting from a dense fibrous tissue beneath the base. The structure is irregular, and broken at intervals, but is harder and drier as it approaches the surface and summit. Microscopically, the whole is a mass of epidermic scales and nuclei, originally arranged in papillary form, of the probable growth of which the following will give an idea. A central body of nuclei in each papilla grows out from the skin, its top and sides developed into concentric scales, by which it is, as it were, shingled and slated. This outer layer is raised by another beneath, which in its turn is elevated by a third, so that the section of a papilla resembles a pile of inverted cups, of which the centre is occupied by nuclei and the sides by more developed scales.

Drying as it grows, the hardened extremity of this so-called "horn" consists almost wholly of epidermic plates, while the interior of its soft base is filled with papillary growth containing nuclei. At the line of insertion of the whole mass nuclei are abundant, entangled in fibrous tissue. This epidermic structure has some affinity to that of horn, but in its papillæ and columnar arrangement more resembles epithelioid cancer, without the globes characteristic of that growth.

MARCH 24th.—*Cancer of the Duodenum.*—Dr. ELLIS showed the specimen, which came from a woman who was under the care of Drs. Shattuck and Gould, at the Hospital. She was 23 years old, and had suffered at times for some years from difficult digestion, which had been constant for the last six or seven months. During the last four months she has had a gnawing pain at the epigastrium, extending to the back, with abdominal fulness. Appetite moderate; neither vomiting nor acidity after taking food. Her countenance was anæmic, there was marked emaciation, and she was so weak as to be confined to bed. No fever. Fulness and resonance of the abdomen, but no tumor to be felt. Three days after her entrance into the hospital she began to have vomiting of food and liquids, which continued, with intervals when she would retain some food for a day or two at a time without vomiting. There was constant epigastric pain and fulness. Jaundice quite marked on the second of March, with a pulse of 120. March 9th, the pulse was 140. She died March 19th, having had fainting turns during the last twenty-four hours. From March 11th to 16th there was diarrhœa; one or two discharges, which were seen, were loose and of natural color.

The liver was rather lighter colored than usual. The hepatic duct and its primary branches were much dilated and filled with bile; the former, at its bifurcation, was an inch in circumference, but contracted rather abruptly two and a half inches from this point, where it was completely surrounded by a firm, whitish, encephaloid mass, through which it extended to the intestine. A small probe only could be passed through this portion, the lining membrane of which was pale, while that of the distended part was discolored by the bile. Firm adhesions existed between the duodenum and the liver in the region of the gall-bladder, the latter being entirely concealed.

The duodenum, above the orifice of the ductus communis, was occupied by a moderately firm, light-yellow formation, which involved the entire circumference of the intestine, and extended upward about four inches, terminating in a projecting fold which resembled the pylorus, but which may have resulted from the elevation of the membrane by the disease below. This new growth occupied the sub-mucous cellu-

lar tissue, the muscular coat being distinctly seen beneath it, apparently thickened. The affected portion of the intestine was dilated into a cavity, with walls half an inch to an inch in thickness, and from one point an additional mass projected, previously described in connection with the closure of the duct. Extensive destruction of the tissues had taken place where the intestine adhered to the liver, a large part of the base of the ulcer being formed by the wall of the gall-bladder or the adjacent structures. The gall-bladder was empty. Allowing that the disease was confined to the duodenum, the stomach was perfectly healthy. It contained a considerable quantity of dark olive-colored liquid.

Many portions of the small intestines and of the cæcum were similarly affected, the walls being much thickened and infiltrated with the same peculiar material. The mesenteric glands were much enlarged, soft, white, and filled with a milky fluid.

The prominent microscopic elements of the disease consisted of granular corpuscles, somewhat larger than those of pus, and mostly without distinct nucleoli. In some, however, large nucleoli were seen.

MARCH 24th.—*Aneurism of the Left Subclavian Artery, opening into the Œsophagus.*—In Dr. Oliver's absence, Dr. COALE related the case and exhibited the specimen. It was taken from a ship captain, aged 58. For two years he had had aphonia and difficulty of swallowing. Of late he had frequent dizzy spells. Two weeks before his death, he was taken up from the sidewalk, where he had fallen insensible, about a pint of blood gushing from his mouth. Dr. Oliver saw him the next morning. He was pale and feeble; there was a bellows murmur behind the left clavicle, and decided dulness over the left chest, in front. Two weeks after this he got up, but felt badly, returned to his bed, lay on his right side, but suddenly rolled over, partly on his face, and was dead.

The examination showed the lungs perfectly healthy, with some few slight, and very old attachments. One of the mitral valves had a small ossific deposit upon it. The heart was otherwise healthy. The left subclavian artery presented an aneurism the size of an English walnut, filled with coagula and fibrin, and communicating with the œsophagus by a hole three lines in diameter, filled by a valve clot. The carotid on the same side was nearly obliterated.

MARCH 24th.—*Rupture of the Umbilical Cord without Hæmorrhage.*—Dr. C. E. WARE had been called to see a servant girl who was suddenly taken in labor. The patient lay on the edge of the bed, the nates projecting, and the child having been suddenly expelled, fell to the floor, breaking off the cord at about an inch from the navel. When Dr. Ware arrived he found the child doing well, and no hæmorrhage from either end of the cord.

VITAL STATISTICS OF SCOTLAND.—15,022 deaths were registered in Scotland during the last quarter of 1861, being in the proportion of 196 deaths in every ten thousand persons of the population. This is below the death-rate in England for the same quarter, which was in the proportion of 206 deaths in every ten thousand persons. The births amounted to 26,265 during the quarter, and 6436 marriages were registered.

Army Medical Intelligence.**GUNSHOT WOUND OF THE ARM.**

[Communicated for the Boston Medical and Surgical Journal.]

Academy Hospital, Newbern, N. C., March 31, 1862.

MESSRS. EDITORS,—I have been proposing to send you some account of the many interesting surgical cases under my charge at the Academy Hospital, but have not yet found time to arrange and classify them so that they shall be satisfactory to either your readers or myself. Meanwhile I am tempted to give you a single case.

A. B. L., 51st N. Y., was shot through the right arm at the upper third, in the battle of the 14th, by a Minié ball; one opening half an inch below the posterior commissure of the axilla, the other an inch lower on opposite side. Bone badly comminuted. He was brought in on the 19th. On the 24th, amputation was done by Dr. Otis, of the Mass. 27th. Circular operation at the surgical neck of the humerus. Patient lost little blood, the circulation being perfectly controlled by the handle of a key upon the subclavian at first rib. Six or eight hours after operation, Dr. Stone, of the Mass. 23d, being in the ward, heard him cry that he was bleeding. He instantly seized the axilla, and sent for help. I was soon there, and we secured the brachial, from which the ligature had slipped, and got another securely round the vessel. The hæmorrhage had, however, been great, and the prostration was somewhat alarming. Day before yesterday (the 29th), the artery gave way again. The nurse, being taught by the former accident, held the axilla, and partially controlled the bleeding till assistance came. I opened the stump and divided the flap for the space of an inch and a half, to lay it fairly open. The brachial artery was exposed, but its tissue was such that I had no confidence in the security of any ligature put upon it, and, as the only chance of saving the young man's life, I determined to secure the subclavian at the outer third. This I successfully did, using the knife but little, after the first incisions, and the knife handle and director a good deal. The bleeding from the operation was trifling, and the patient is now in really a promising condition. Pulse 110. Good appetite and cheerful spirits.

I think it will be apparent that the arterial tissue was disorganized at the time of the first operation, as a consequence of the inflammation following the injury, and my own impression is, that if the amputation had been done on the day of the battle it would have been perfectly successful.

I should add that in the above operation, as well as in the general care of the hospital, I have had the able assistance of Dr. Clark, of Whitinsville, Mass., and of Dr. Newton, Assistant Surgeon of the 18th Connecticut.

Faithfully yours,

GEORGE DERBY,
*Surg. Mass. 23d Reg't.**To the Surgeon General.*

NEWBERN, March 28th, 1862.

DEAR SIR,—I have the honor to enclose a list of the casualties in the 27th Mass. Regiment at the engagement before Newbern on the 14th inst.

To give an account of my stewardship latterly, I would premise that I landed at Slocum's Creek on the morning of the 13th with the first boat-load from our regiment, and that, having waded ashore, I

marched at the rear to the point where we bivouacked on that frightful night, in the pouring rain. Our regiment, suffering terribly from long confinement on shipboard (I shall expatiate in another letter on the various causes which have impaired its efficiency), turned out only 550 men. The 21st had but 500; the 25th, 700; the 24th mustered full ranks. But although the two latter had enjoyed the privilege of a month ashore at Roanoke Island, and constant practice in drill and march, while our poor fellows were cribbed and cabined three days after Roanoke was taken, the stragglers were fewer from ours than from either of the corps in advance of it. Only five men declared their utter inability to keep up with the weary march, while the stragglers of the 25th and 24th were numbered by scores.

In the morning, about six, the few who could sleep were aroused by a prolonged fusillade, which proved to be the report of the guns of the enemy's infantry, discharged and re-loaded to make sure of their effectiveness. We were presently on the march, and soon came in sight of the long line of entrenchments. The second brigade in advance had diverged to the left by the railway. The first brigade moved up the main country road. The leading regiment, the 24th, on reaching the space cleared to afford a range for the artillery of the enemy, filed to the right and formed line of battle in the edge of the wood. The 25th were ordered to the right of the 24th, to attack the extreme left of the enemy's line, but they did not persevere in that movement. After the 25th came several howitzers, which were put in position where the road entered upon the opening. The 27th was directed to form to the left of the howitzers; the 23d to the left of the 27th. The 10th Connecticut was held in reserve. The regiments on the right had been directed to reserve their fire till the artillery were in position. *The 27th opened fire*, quickly followed by the howitzers, and by the 23d, as quickly as that regiment got into position, extending the line of the 27th to the left. About seventy-five yards in rear of the howitzers a lane led off at right angles from the road to the right towards a farm house, two hundred yards distant, known as Harrison's house. On the lane, midway between the road and farm house, was a cluster of negro quarters.

As I passed up the road, my orderly pointed to the farm house where a red flag was floating, and said, "Sir, the doctors are collecting there." I afterwards learned that Dr. Church (Med. Director) and Drs. Green and Curtis of the 24th, had occupied this house, which was about two hundred yards in rear of the line of the 24th, but that a shell had exploded in the yard, whereupon the Medical Director had ordered these medical officers to fall back and establish an ambulance station in the woods, a half mile further to the rear. I replied to the orderly that we would get nearer, and kept on till we came to the guns in position at the head of the road, where my hospital men halted, a rod in rear of the line of battle. I had barely time to call to them that their position near the battery, which would doubtless draw the enemy's fire, was too dangerous, when our Colonel gave the word to open fire. We hurried over towards the left wing of our regiment; but had hardly passed the centre, when the enemy's fire had become so heavy that most of the men began to throw themselves on their faces at each discharge of grape, which was poured in at a distance of two hundred and seventy-five yards, from a battery of six twelve-pounders, served with great rapidity and accuracy. The stretcher-

bearers, however, came up cheerfully when the first man dropped, a little fellow from Amherst, a true Massachusetts boy (John E. Cushman by name), whose left arm was shattered by grape. He was carried a little way to the rear and across the road, when I stopped to perform the operation. But we found the fire here hotter than at the front, and one of the attendants was presently wounded in the shoulder by a fragment of shell: so he was taken up and carried a hundred yards further, to the cluster of shanties I have mentioned. I amputated at the surgical neck of the humerus as rapidly as I could, the shanty being struck more than once during the operation. I should perhaps have considered the propriety of moving farther off, had not the wounded begun to throng the house almost before the first operation was finished, and thus to claim instant attention. I next removed Lieut. Warner's leg, and was engaged in this operation, and had sent my assistant, Dr. Camp, to see if the farm house was occupied, when Dr. Derby came in with Capt. Sawyer, whose thigh he had just amputated in the wood, close in rear of the line of the 23d. It was agreed that he should go on to the farm house, where the wounded were now thronging. Meanwhile Dr. Camp and Dr. Lathrop, of the 8th Conn., assisted me for a short time by attending to the minor injuries of the men outside. The severest cases were taken into the three shanties or were carried on to the farm house, where Dr. Derby was soon assisted by Drs. Rice, Batchelder, Upham and Stone, or to the rear, where Drs. Thompson, Green and Curtis were busily engaged. My friend Dr. Lathrop, however, soon had to leave to seek his regiment, which had moved from the reserve to the left, and Dr. Camp went off, either to the farm house or to the field, and I was left alone. I did nearly all my operations with the assistance of hospital steward Fuller, who showed great firmness, though he had never before witnessed operative procedures or been under fire. When the shanty in which I operated had been several times hit by canister, or musket balls, I asked that some one should hoist on it an hospital flag. This was a dangerous duty; for the large shells thrown by the fleet were continually passing over the house, though at a considerable elevation, on their way towards the enemy's battery. My orderly, Oscar Calkins, of Springfield, volunteered to do this service. A musket ball subsequently passed through the flag.

Sixty-four wounded of the 27th, 23d and 25th Mass., 4th R. I., 11th Conn., and naval brigade (which manned the howitzers), were treated at my hospital station. Thirty-one of those that had undergone operations, or were too severely wounded to be moved further, remained there. Besides the operations noticed in my list of our own regiment, I did one amputation near the shoulder for Geo. Jones, of the 11th Conn., from Oakdale, Mass.; an amputation of the arm for a man of the 25th Mass.; an amputation of the arm for a man of the 51st N. Y.; an amputation of the fore-arm for a private of the 4th Rhode Island. I extracted, or cut out, two grape and three musket balls, and tied the radial artery for a wound above the wrist. There was one case in which amputation at the hip-joint might have been practised—the case of James Sullivan, of Co. G, whose thigh was shockingly mangled by solid shot—but the surgeons of the first brigade are convinced that it is wisest not to attempt this procedure. Another patient, a prisoner, was brought to me, and subsequently passed through Dr. Derby's hands into those of Dr. West, a Confederate surgeon, a ball having pass-

ed through the penis and then fracturing the femur near the trochanter. We all refrained from interference, and the man still survives (14 days). Another case, in which I declined to amputate the thigh for a musket ball lodged in the outer condyle of the femur, is doing well; the patient, Frank Gatlin, æt. 16, rode one of the artillery horses of the enemy. One of our men with compound fracture of the forearm, and one with compound fracture of the tibia, have done well without operative interference. I was more doubtful about a man of the 11th Conn., I think, who had fracture of the forearm, with probable lesion of the ulnar artery, but I understand that he has done well. One of my patients, Gorman, of the 11th Conn., has died since we came to Newbern, of tetanus; it is the only instance I have heard of in this division. A flap of skin, eight inches square, was torn from the middle of his chest, making a demonstration of the interdigitations of the pectorals, recti and serrati, as clear and beautiful as a plate of Bougery. My man, whose thigh was amputated, had severe injuries elsewhere, and survived but a short time. All my other operations have been fortunate. Including those done for members of other regiments, they sum up as follows:—

Amputations of thigh, 1; of leg, 2; of arm, 4; of forearm, 1. Total major amputations, 8. Amputations of fingers or portions of hand, 3; ball extractions, 5. One of my most interesting cases is that of P. Sweeney, of Co. C, who probably has a conical ball in the head of the right humerus. After being hit, he walked down the road to an hospital station nearly two miles in the rear, where a cold water dressing was applied, and the arm placed in a sling. The next day he walked back to my hospital at the field. This developed excessive irritative action, and though I was anxious to attempt excision of the head of the bone, I listened to my better judgment and to Dr. Derby's wise counsel, and waited. When we moved the severely wounded to Newbern, four days afterwards, Sweeney bore the journey ill, and he is still in a condition in which Dr. Derby and I consider any operation inexpedient.

The severely wounded of the first brigade were brought to Newbern on a steamer, which ran aground, and Derby and I were left in charge of 71 wounded, including 21 stumps of limbs, for the weariest night I almost ever spent. Dr. Upham had organized a general hospital and Dr. Kneeland another, and here the wounded were consigned. Derby was put in charge of one, and I was detailed to the other; but the immense number of cases of sickness in my regiment, compelled me to insist on being relieved. I am now in charge of our regimental hospital, which contains, alas! 67 beds. The regiment is encamped on the outskirts of the town. I occupy four pleasant cottages for my hospital; roses and hyacinths bloom around them, and the pure air is rapidly doing its beneficial work on the inmates.

Dr. Green is a little way beyond me, in a stately brick edifice. Dr. Derby, who does everything well, who did eleven capital operations, is at the general hospital hard by. He will doubtless tell you all about the interesting cases which surround us in crowds.

With much respect,

Your very ob't serv't,

GEO. A. OTIS,
Surg. 27th Reg't Mass. Vols.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON: THURSDAY, APRIL 17, 1862.

IN our remarks upon Hospitals we have already spoken of the division into separate pavilions, each as far as possible independent in itself, as conducive to the greatest efficiency. We would further remark that the wards into which each hospital is divided should not be too large. Indeed, for most cases, they might be made much smaller than they are. Dr. Green allots twenty-eight beds to each ward; this we would prefer altered to twenty. And there is a further improvement in the plan of the ward, which is among the very few things that Dr. G. has overlooked in his admirable Essay—that is, cutting each ward up into alcoves by partitions built out from the walls towards the middle of the room. The advantage of this plan is very great, and we should suppose it to be obvious; and yet there is but one hospital in which we know of its adoption, but our experience as to its operation in that institution prompts us the more strongly to urge its adoption in others. The particular hospital in which we have seen its manifold and admirable effects is the Naval Hospital at Portsmouth, Virginia. It is built in the form of a hollow square. The front is appropriated to the various officers—the surgeon and assistant surgeon's apartments, the dining room, reception room, and the night officer's sick room, &c. The two sides of the square afford spacious wards on two floors, each accommodating sixty-four men—in all, two hundred and fifty-six; besides, in the basement, the necessary kitchen, dining rooms, &c.; while the fourth side is given to the privies, bath-room, &c., placed in the middle of the side and connected with the other building by a corridor of lattice-work, which enables the wind to sweep into the inner court freely. The hospital, on the whole, when considered with reference to some other details not necessary here, is admirably adapted for that climate and locality. But the point to which we wish particularly to allude, is the arrangement of the great wards of sixty. These, instead of each being left in one large parallelogram, are divided by partitions running from the outer walls towards the middle of the ward, but still leaving a passage-way eight feet clear along the middle. There are eight of these alcoves on each side, each accommodating four beds. The effect of this arrangement is admirable in the extreme, in permitting the classification of patients into groups of four or of eight; for while each alcove may be turned into a separate room by a curtain drawn across it, two may, in the same way, be made a special ward of eight patients. Then, again, it has not the disadvantage of separate rooms, but the medical officer, on his inspection, walking down through the middle passage, can at one glance sufficiently scrutinize the condition of each alcove. Then if a patient is moribund, or is affected with any peculiarly loathsome disease, there is generally one empty alcove into which he can be moved, thus sparing his fellow invalids the painful sight of his sufferings. Besides all this, the moral influence of this grouping—and we must add, of course, the physical, as arising from this moral influence—is very beneficial. Put fifty men into a ward together, and the chance

is, that brought into no particular companionship with any one, they become selfish, or at least their sympathies do not expand and diffuse themselves among their forty-nine fellow sufferers.

TRANSMISSIBILITY OF SYPHILIS BY VACCINATION.—Two lectures upon this important subject were recently delivered at the Hotel Dieu by M. Ricord, from which it would appear that he is inclined to doubt the possibility of syphilitic inoculation by this channel. He thus concludes his remarks upon this subject :—

In considering the present condition of the question, it appears impossible to arrive at absolute conclusions. Anticipating the development of new facts which may prove of immense importance in this question, we are in no hurry to rush to a conclusion; we rather desire to wait and examine the matter impartially. The question which is about to be raised is one of vast importance, for if it be true that vaccination can transmit syphilis, then vaccination is done for. For who, pray, will run the risk of being affected with the *great* to escape the *small* pox? On whom will you place your dependence to establish the purity of the vaccine lymph? On the morality of the parents? But when you have most minutely examined the father and mother, when you have found them perfectly healthy, how can you be certain that the vaccine lymph obtained from their children is not infected? A stranger might come into the household. Assurances of morality will not suffice in science. Have you any better guarantee in the appearance of the pustules? Certainly not; for the partisans of contagion declare that the pustules may be as good and regular as in the normal condition. Does their duration afford any criterion? What possible difference can a day more or less make? The pustule is infecting, or it is not. But do you not avoid all risk in taking the purulent fluid of the pustule and avoiding any admixture with blood? Unfortunately, contagionists are far from being at one as to what part of the vaccine fluid is the source of contagion. Some believe it to be the pus, others the blood, some esteem both equally contagious. Will you be guided by the age of the infant, and avoid taking lymph from any child till it is beyond the age for the development of hereditary syphilis? We know very well, however, that if syphilis usually occurs in infants within the first few weeks after birth, there are plenty of exceptions to the rule. There are undoubtedly cases in which the manifestations of the symptoms is delayed for several months or even years after birth. Where, then, if age is to be a criterion, will you place your limit?

In the impossibility which in such circumstances would exist of being able definitely to say that we possess good vaccine lymph, nothing could remain for us but henceforth to give up vaccination; but, before renouncing the benefits which the immortal discovery of Jenner has conferred on us, let us calmly and coolly reflect on the facts which spread themselves before us: let us examine them without the bias of preconceived ideas, so as to arrive some day at an impartial conclusion. But to-day, and with it I must say good-bye to you, the only answer which can be given to the question, "Can vaccination transmit syphilis?" which has been proposed for consideration, is a very large mark of interrogation.

In connection with the general subject of the transmissibility of secondary syphilis, and the various modes by which it is occasionally communicated, we quote the following from "Winthrop's Diary." This question was not, it seems, without interest in the early days of our colony, when our pious forefathers were yet strangers in the land. Governor Winthrop thus describes a loathsome disease which "fell out" in Boston, in 1646, and raised a scandal upon the town and country :—

"One of the town having gone cooper in a ship into ———, at his return his wife was infected with lues venerea, which appeared thus: Being delivered of a child, and nothing then appearing; but the midwife, a skilful woman, finding her body as sound as any other: after her delivery she had a sore breast, whereupon divers neighbours resorting to her, some of them drew her breast, and others suf-

ferred their children to draw her, and others let her child suck them, (no such disease being suspected by any) by occasion whereof about sixteen persons, men, women and children were infected, whereby it came at length to be discovered by such in the town as had skill in physick and surgery; but there was not any in the country who had been practiced in that cure. But (see the good providence of God) at that very season, there came by accident a young surgeon out of the West Indies who had had experience of the right way of the cure of that disease. He took them in hand, and through the Lord's blessing recovered them all in a short time. And it was observed that although many did eat, drink and lodge in bed with those who were infected and had sores, etc., yet none took it of them but by copulation or sucking. It was very doubtful how this disease came at first. The magistrates examined the husband and the wife, but could find no dishonesty in either, nor any probable occasion how they should take it by any other (and the husband was found to be free of it). So it was concluded by some that the woman was infected by the mixture of so many spirits of men and women as drew her breast, (for thence it began.) But this is a question to be decided by physicians."

HEALTH OF THE ARMY.—A Washington Correspondent thus alludes to this subject:—"The army surgeons have at last begun to contradict the false statements about the health of the troops now in the field. It is not long since the Rev. Dr. Bellows, in a speech on "Sanitary Science," before the New York Historical Society, declared that we buried seventy-five soldiers a day from disease, and five hundred weekly; and Mr. Wendell Phillips said in one of his recent lectures at the Smithsonian, that we buried two thousand soldiers a month on the Potomac from disease. Such statements, if true, would excite alarm; and coming from gentlemen of such high positions, the Surgeon General's Department has felt called upon to publish the statistics from two hundred and fifty-seven regiments, which number two hundred and fifty-seven thousand men, and from twenty-one general hospitals, viz. :—

Quarters.	Regulars.	Volunteers.	Total.
Ending March 31, 1861.....	28		28
" June 30, 1861.....	33	46	79
" Sept. 30, 1861.....	56	749	805
" Dec. 31, 1861.....	108	2970	3078
Grand total.....	225	3765	3990

One hundred of these deaths were from wounds."

The *National Republican*, in publishing these returns, says:—"Private benevolence has done much towards providing the soldiers with jellies and other little comforts, but the credit of their extraordinary freedom from epidemic disease, and their successful medical treatment, belong to the medical department of the army, who have been misrepresented and vilified to an almost incredible extent. The department may challenge the history of all armies to produce statistics showing less deaths from disease than the army of the United States, composed as it is of men who have rushed to the exposures of camp life from comfortable firesides."

SURGEONS FOR THE SEAT OF WAR.—DRS. Cabot, Gay, Hodges, Homans and Parks, of Boston, Dr. Hartwell, of Southbridge, and Dr. Henry Clarke, of Worcester, have been specially detailed by order of the Commission in charge of the surgical assistance of the Massachusetts regiments in the Army of the Potomac, and have been ordered to report to Surgeon Cuyler, Medical Director, Fortress Monroe.

Dr. W. G. Breck, of Springfield, has also been specially detailed to the Army of the West, and ordered to report to Col. Everett Peabody, 25th Missouri Volunteers.

SURGEON-GENERAL FINLEY, of the United States Army, has been relieved of duty by the Secretary of War, and ordered to Boston to await further orders. Surgeon R. C. Wood has been selected to fill the important post thus vacated.

WE publish this week two interesting letters from Drs. Derby and Otis, which show that our medical officers are not idle. Dr. Derby, it will be remembered, distinguished himself for his heroic behavior in the battle of Newbern, performing several important operations while directly exposed to the fire of the enemy's guns, and on every occasion having shown himself a brave and most efficient officer. Dr. Otis, as will be seen by his letter, was also in the field on that eventful day, and did his part in earning for our Massachusetts surgeons the honor and renown that skill and humanity on the battle field are always sure to win.

DR. R. H. SALTER, Surgeon of the 1st Mass. Regiment, who was assigned to the charge of the division hospital on the Lower Potomac, has been relieved at his own request, and has rejoined his regiment in the field.

AMERICAN MEDICAL ASSOCIATION—ANNUAL MEETING.—We the undersigned, Committee of Arrangements of the American Medical Association, after free consultation with officers and members in each important section of the country, accessible to the Committee, feel constrained to give notice to the profession, that the regular Annual Meeting of the Association is further *postponed* until the first Tuesday in June, 1863.

Chicago, April 5th, 1862.

N. S. DAVIS, J. BLOODGOOD,
J. W. FREER, D. LASKIE MILLER,
H. H. JONES, E. ANDREWS,
THOS. BEVAN, Committee.

Medical journals throughout the country are requested to publish the above.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, APRIL 12TH, 1862.
DEATHS.

	Males.	Females.	Total
Deaths during the week,	39	41	80
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	36.8	37.8	74.6
Average corrected to increased population,	83.29
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
16	0	2	7	10	2	0	1	0

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.—For the week ending March 29th.

Mean height of Barometer,	29.601	Highest point of Thermometer,	46.0
Highest point of Barometer,	30.044	Lowest point of Thermometer,	26.0
Lowest point of Barometer,	29.352	General direction of Wind,	
Mean Temperature,	32.8	Am't of Rain (inches),5

CORRECTION.—By a singular inadvertence, an error crept into our pages this week, which was not discovered until too late for correction; for "hemeralopia," should be read *hemeralopia*.

PAMPHLETS RECEIVED.—A Fracture Apparatus, by Joseph H. Vedder, M.D., of Flushing, L. I. (From the Author.)

DEATHS IN BOSTON for the week ending Saturday noon, April 12th, 80. Males, 39—Females, 41.—Aneurism (of the aorta), 1—bronchitis, 2—consumption, 16—convulsions, 1—croup, 2—cystitis, 1—debility, 1—delirium tremens, 1—dropsy, 3—dropsy of the brain, 5—scarlet fever, 7—typhoid fever, 1—haemoptysis, 1—disease of the heart, 2—hernia (strangulated), 1—infantile disease, 3—disease of the kidneys, 1—disease of the liver, 1—inflammation of the lungs, 10—marasmus, 2—measles, 4—old age, 3—paralysis, 1—scirrhus (of the intestines), 1—smallpox, 2—spina bifida, 1—tabes mesenterica, 1—teething, 1—trismus nascentium, 1—unknown, 2—whooping cough, 1.

Under 5 years of age, 38—between 5 and 20 years, 4—between 20 and 40 years, 15—between 40 and 60 years, 12—above 60 years, 11. Born in the United States, 53—Ireland, 19—other places, 6.